SPRING SESSION REGISTRATION BEGINS TUESDAY, 3/14

Please print the following information (one person per form): Today's Date:		Sunnyvale Residents: Show or mail in one form of identification (a photo ID or utility bill) with name and address to register.			
	First Name:			•	
Address:	Phone Number:				
I have read and	d agree to the registration, refund, and program	m policies.			
the City of Sun discharge any after may accre arising out of or carelessness o in this class or harmless all of my heirs or ass entered into ar agree to allow	ult Participants: In consideration of participation in any vale, I, the below signed, agree to indemnificant all claims for damage, for death, personal use to me against the City of Sunnyvale, its City of connected in any way with my participation in the part of the person or entities mentioned a activity; knowing the risks, nevertheless, I here the persons or entities mentioned above whore signees) for damages. It is further understood and is to be binding on my heirs and assigns. • use of my image, which may be captured thro ials and publications. By my signature below, I	y and hold the Ci- injury, bodily injury y Council, employ this class or activi bove. • I understa by agree to assur m (through negligand agreed that thi I have read and ugh video, photo,	ty of Sunnyva ry or property ees, agents, ty, even thoug and that accid me those risk ence or carele s waiver, rele agree to the digital camer	ale harmless and hereby we damage which I may have and volunteers from and agh that liability may arise outents and injuries can arise son behalf of me and to recessness) might otherwise be ase and assumption of risk registration and program parts or other media, for City of	aive, release and e or which herein- gainst any liability at of negligence or from participation elease and to hold be liable to me (or as has been freely policies. Further, I of Sunnyvale pro-
Signature:			Da	te:	
Class #	Class Name	Dates	Class Fee	Non-Member Class Pass Fee*	Subtotal
				□ \$8 □ \$12	
				□ \$8 □ \$12	
				□ \$8 □ \$12	
				□ \$8 □ \$12	
				□ \$8 □ \$12	
				□ \$8 □ \$12	
				□ \$8 □ \$12	
				□ \$8 □ \$12	
				□ \$8 □ \$12	
	Membership 2006** (See rates on Page 3)				
* \$8 for class duration of 8 weeks or less, \$12 for class duration of 9 weeks or more ** Need to fill out a NEW membership application form				TOTAL	
□Cash □My check	x is attached. Make payable to: City of Su NOTE: \$3	innyvale. <i>0 charge on all</i>	returned c	hecks.	
Charge my:	□ Mastercard □ Visa	g			
Name of	card holder			THE A	1.00
			M	ASTERCARD	Ĭ.
Expiration Date:					

Fax to (408) 737-4965 three days before 1st day of class • Phone (408) 730-7360 beginning March 14, 2006